



## **Weighing Liverpool Up**

**Report of Liverpool LINK Healthy Weight Task and Finish Group**

**January 2010**

Hosted by

**Liverpool Charity and Voluntary Services**  
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Appendix 1: Liverpool LINK Task and Finish Group Membership

Appendix 2: Questionnaire

## **1.0 EXECUTIVE SUMMARY**

- 1.1 This report represents the findings and recommendations of a Task and Finish Group convened by Liverpool LINK in response to a priority identified by LINK members and members of the wider community in Liverpool and in line with increased concern about obesity amongst primary school age children and the longer term impact this will have on Liverpool's health. It will be of interest to Liverpool City Council elected members and officers, Liverpool PCT, Liverpool First, Liverpool's voluntary, community and faith (VCF) sector and all other parties involved in addressing health and social issues related to healthy eating and healthy exercise.
- 1.2 The Task and Finish Group (the Group) was brought together from June to December 2009 to take forward an issue first discussed at the Liverpool LINK launch in January 2009 and then ranked and prioritised by LINK Core Group members against Liverpool LINK's 'Priority Scoring System'. The Group was comprised of LINK members and supported by the LINK Support Team hosted by Liverpool Charity and Voluntary Services (LCVS). The Membership is shown in Appendix 1. This report expresses the thoughts of the Group and makes a series of recommendations for tackling the issues in Liverpool. In presenting the report, the Group acknowledges and congratulates the efforts which are currently being made to address issues relating to tackling obesity and promoting healthy weight throughout Liverpool at all levels and thanks all those who gave their time to participate by providing information, evidence, suggestions and details of their own personal experiences.
- 1.3 The Group gathered information from a number of sources including Liverpool PCT, Liverpool City Council, LINK members and the wider public as well as looking at a variety of academic and media reports. Two key sources of information were a series of neighbourhood meetings in June 2009 (attended by over 50 participants) and a questionnaire – in part based on issues raised at the neighbourhood meetings – circulated between September and December 2009 and responded to by 104 people.
- 1.4 Finally, based on the available evidence, and any 'gaps' that were identified, the group compiled a series of recommendations which will be presented formally to the Council's health, Care and Safeguarding Committee with a request for a response within 20 days in line with the Local Government and Public Involvement in Health Act 2007.

### **Recommendations**

- 1.5 Recommendations are grouped into 6 headings 1) Schools, school meals and lunchboxes 2) The role of GPs 3) Communication 4) Food and Quality of Care 5) Food Deserts and 6) Commissioning and Funding of Services. These can be summarised as follows.

## **1. Schools, school meals and lunchboxes**

- a) Continuation of Pack It In lunchbox campaign.
- b) Continuing to increase up-take of school meals and efforts to identify those entitled to free school meals.
- c) Consideration of a move towards free school meals for all primary school children.
- d) Longer-term secure funding for Healthy Schools initiatives (beyond 12 months) to encourage the recruitment and retention of the best available staff.
- e) Improved partnership working and communication between local and national partners and initiatives.
- f) Increased 'healthy lifestyles' training for parents and carers through Extended Schools Parent Support Officers and Parents' Forums.
- g) Incorporating healthy living strategies into school Compacts and including them in pupil's Records of Personal Achievement.
- h) Sharing of data regarding progress towards *Transforming School Food in Liverpool* targets and the reduction of obesity at age 11 as set out in *Liverpool Children and Young People's Plan 2006 – 2009*.

## **2. The role of GPs**

- a) The introduction of 'information prescriptions' improving referral pathways for people seeking healthy weight support.
- b) Adding value to the Quality Outcomes Framework (QOF) 'obesity indicator'.
- c) Improving advice on the health impacts of exercise for people with specific health conditions.
- d) Improved explanation of Body Mass Index (BMI) charts and data to patients and their families in relation to age, gender and ethnicity.

## **3. Communication**

- a) Improved monitoring and quality assurance regarding co-ordination and communication between the range of services addressing healthy lifestyles in Liverpool to ensure improved targeting of information and referral for the public.
- b) The availability of accurate and up-to-date web-based, paper-based and face-to-face information regarding healthy lifestyle opportunities and support.
- c) Improved resourcing of person-centred community and neighbourhood based work.
- d) Re-aligning healthy lifestyle services to ensure that work takes place within common – coterminous – geographical areas.
- e) Expanding referral routes into the GOALS project.

#### **4. Food and Quality of Care**

- a) The need for further work on the quality of food (including culturally appropriate choices) within hospitals and care homes.
- b) Consideration of food waste, meal planning and the use of locally sourced produce within health and adult social care settings.

#### **5. Food Deserts**

- a) Liverpool LINK involvement in Liverpool City Council's initiative to restrict licensing for fast food (and alcohol) outlets.
- b) Further research into the availability of fresh food retail outlets within all neighbourhoods in relation to the reduction of health inequalities.

#### **6. Commissioning and Funding of Services**

- a) The capacity of voluntary, community and faith (VCF) organisations to tender for and deliver quality services, including the availability of longer-term funding.
- b) Improved community kitchen / training facilities including the inclusion of community kitchens within the specifications for new neighbourhood health hubs / polyclinics across Liverpool.
- c) Longer-term funding for successful public-sector obesity-reduction initiatives and consideration of combining adult and child obesity funding streams.
- d) Ongoing Liverpool LINK involvement in the development and monitoring of Liverpool's Healthy Weight Strategy and its successful delivery.

## 2.0 Background

2.1 Liverpool Local Involvement Network (LINK) is one of over 150 LINKs in England which were set up in 2008 under the Local Government and Public Involvement in Health Act (2007) to be independent networks of local individuals and voluntary, community and faith groups with an interest in how their health and adult social care services are commissioned, delivered, monitored and evaluated. Each LINK has certain statutory powers and is required to develop an annual Work Plan focusing on a range of issues prioritised by local residents and service users. Powers include:

- making reports and recommendations to commissioners and getting a reply within 20 days;
- asking commissioners for information and getting a reply within 20 days;
- conducting 'Enter and View' visits to some types of health and social care premises to observe the nature and quality of services; and
- referring issues to the local Overview and Scrutiny Committee and receiving a response.

2.2 Liverpool LINK's first Work Plan was based on priorities chosen by LINK members and other members of the public who attended the LINK launch event on 27<sup>th</sup> January 2009.

2.3 Attendees at the event chose three priorities from a list of National Indicators (NIs) which were already being worked towards by Liverpool City Council (LCC), Liverpool Primary Care Trust (PCT) and their local strategic partners in Liverpool First. The priorities chosen were:

- NI 39 Alcohol-harm related hospital admission rates
- **NI 56 Obesity among primary school age children in Year 6**
- NI 124 People with a long term condition supported to be independent and in control of their condition

2.4 They were also invited to suggest other priorities which were not specifically related to national indicators. These suggestions were then subjected to further public consultation and 'ranked' by LINK Core Group members in line with their adopted 'Priority Scoring System'.

2.5 In order to look at the first three topics chosen and consider how the LINK can contribute constructively to local and national discussion, strategy and policy in relation to them, the Core Group set up three smaller working groups of LINK members and other members of the public called Task and Finish Groups.

2.6 These Task and Finish Groups have spent the past six months gathering evidence from a range of sources including statutory and

voluntary service providers and members of the public, with a view to understanding local strategy and services and public perceptions of how successful these were at tackling the issues under consideration.

- 2.7 This report provides an account of the findings of the **Healthy Weight Task and Finish Group** and some recommendations as to 'next steps'.
- 2.8 As and when Liverpool LINK deems it desirable it may carry out supplementary work to update or improve its reports. At the time of publication this Task and Finish Report is in the process of being screened for any negative impact on equality by the Liverpool LINK Equality and Diversity Working Group. Any findings will be submitted to the Chair of this Task and Finish Group in February 2010. If the need for any further work is identified as a result of the equality screening, this will be implemented via a supplementary report to be published by June 2010.

**Liverpool LINK, January 2010**

### 3.0 TASK AND FINISH GROUP – TERMS OF REFERENCE

3.1 At their first meeting the Group discussed whether ‘obesity among primary school age children in Year 6’ was a topic which Liverpool LINK could reasonably hope to consider in isolation. The group decided that it would rather adopt a more holistic approach to the topic of healthy weight given that

a) children’s weight is an issue for families, carers and the wider community;

b) many of the strategies and programmes for addressing healthy weight issues in Liverpool and nationally have a wider impact than on children alone;

c) although children’s health is within the LINK remit the social care of children is not and, in the case of healthy lifestyles, the distinction between health and social care can sometimes be hard to define and may present considerable hurdles for LINK volunteers in respect of CRB checks and safeguarding.

3.2 The **Terms of Reference** of the Group were therefore set more broadly:

1. To research and report on the range and scope of Liverpool’s healthy weight services, strategies and programmes

2. To research and report on public engagement by Liverpool’s healthy weight services.



## 4.0 THE STRATEGIC CONTEXT

- 4.1 A first task for the Group was to familiarise itself with 'Healthy Weight: Healthy Liverpool', Liverpool's healthy weight strategy 2008 – 2011 but, beyond the document, the Group was clear that it wished to work in partnership with the agencies already working to develop and deliver Liverpool's healthy weight strategy and to establish a productive dialogue with as many partners as possible.
- 4.2 To this end Group members met, or made contact with, a range of public sector officers including Annette James (Liverpool PCT, Obesity Lead), Michael Salla (Liverpool City Council, Active City Coordinator, Alt Valley), Pamela Newton (Liverpool PCT, Community Food Worker, Liverpool North), Hazel Cheung (Liverpool John Moores University, Sportslinx), Linda Kerans (Liverpool City Council, Healthy Schools Consultant), Natalie Cooper (Liverpool City Council, Healthy Eating Advisor), Paula Watson (Liverpool John Moores University, GOALS Project Manager), Julia Purvis (Manager, Health Trainers and Community Health Ambassadors Teams (CHATS)) and a number of Health Trainers and CHATS.
- 4.3 It was considered vital to work with these partners as Liverpool LINK wishes to work constructively to ensure the best possible services and outcomes for all those who live in Liverpool or who use Liverpool-based services.
- 4.4 The Group's work is particularly timely as not only is Liverpool currently promoting the 'One Million Pounds to Lose' campaign ([www.liverpoolchallenge.nhs.uk](http://www.liverpoolchallenge.nhs.uk)) but has also identified the reduction of childhood obesity as the first priority within the *Liverpool Children and Young People's Plan 2006 – 2009*, with the aim of reducing the number of obese 11 year olds by 10% by 2009; Liverpool LINK will be interested to learn how successful this aim has been when data becomes publicly available.
- 4.5 Furthermore, childhood obesity has been identified as one of 3 areas for action in Phase 1 of Liverpool PCT's Neighbourhood Health Model with the Alt Valley area acting as a 'pilot cluster' for the proposed new system of delivering more health and social care services in locally based 'hubs'.
- 4.6 Liverpool's strategic aim is:

*"To halt the rise in obesity in both adults and children in Liverpool by 2010 and to reduce the levels of obesity from 2010 onwards."*<sup>1</sup>

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<sup>1</sup> 'Healthy Weight, Healthy Liverpool', Liverpool PCT

- 4.7 In Liverpool, it is estimated that more than 76,000 adults are 'dangerously overweight' and more than 13,000 children are 'dangerously obese'.<sup>2</sup>
- 4.8 Promoting healthy weight is crucial to achieving good public health since being overweight can increase the risk of a number of conditions including Type 2 diabetes, cardiovascular disease, joint disease and some forms of cancer.<sup>3</sup>
- 4.9 According to Liverpool PCT figures, 38% of boys and 31% of girls aged 9-10 are classified as overweight or obese in Liverpool.<sup>4</sup> That is over a third of boys and just under a third of girls in that age group. Given these figures it is vital that steps are taken urgently to prevent these children remaining overweight into their adolescence as figures quoted elsewhere in this report indicate that almost 80% of clinically obese adolescents remain overweight into adulthood.<sup>5</sup>
- 4.10 This is all the more pressing as obesity has a significant effect on Liverpool's economy, resulting in over 130,000 sick days a year at a cost of £5 million a year to the NHS and £15 million to the city's economy.<sup>6</sup>
- 4.11 Thus, the Group believes that Liverpool's strategic aim to promote healthy weight for children and adults should be supported and promoted wherever possible.
- 4.12 In the above context, Liverpool LINK is in a position to be an active partner in seeking and helping to voice the views of local residents and voluntary, community and faith organisations in the city. We hope that this report will add to the debate about healthy weight in Liverpool and make some useful recommendations for our public sector partners to take forward with the LINK's support.

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<sup>2</sup> 'Can you lose one million pounds with the ECHO?', Liverpool Echo, Sept 11 2008

<sup>3</sup> 'Measuring Childhood Obesity', Department of Health (2007)

<sup>4</sup> 'Key Demographics and Health Statistics', Liverpool PCT (2009)

<sup>5</sup> Clinical obesity is usually defined as having a Body Mass Index (BMI) greater than 30 ([www.nhs.uk/chq/pages/850.aspx](http://www.nhs.uk/chq/pages/850.aspx)) although differences may occur based on ethnicity or musculature or if individuals are going through puberty.

<sup>6</sup> 'Annual Report 2007 – 2008', Liverpool PCT

## 5.0 OBTAINING THE VIEWS OF LOCAL RESIDENTS AND SERVICE USERS

- 5.1 In addition to speaking to professionals involved in healthy weight strategy and service delivery in Liverpool the Group were also interested in obtaining the views of local residents and service users. A range of methods were used in order to encourage input from the public. These included information requests made in a LINK newsletter which was distributed throughout the city and on the LINK website, information broadcast on Radio City and Radio Merseyside and circulated in the local press. Information was also solicited via the regular LCVS Broadcast and Liverpool Community Network (LCN) and through colleagues within statutory services including the PCT.
- 5.2 A series of public meetings were held across the city (Granby, Tuebrook, Garston, Fairfield and Croxteth) at which members of the public were invited to contribute questions, concerns and information relating to healthy weight, healthy eating and exercise. Wherever possible this type of anecdotal evidence has been backed up or put into context by talking to health and care professionals and reference to reports and academic studies about healthy weight, access to exercise and access to healthy food.
- 5.3 The issues raised and discussed at these events can largely be grouped under the following three headings.

### a) Main Issues of concern

- 5.4 Participants raised a number of issues of concern or 'problems' in relation to achieving and maintaining a healthy weight.
- 5.5 One big barrier was thought to be the **terminology** used around weight. People do not generally respond well to the concept of 'obesity', particularly when they think it might relate to them or their families/loved ones or be used to judge them in some way. The phrase 'healthy weight' was thought to be much more 'user friendly' (and it is notable, and welcome, that Liverpool's strategy has recognised this). There was also a concern that language should always be appropriate to the target audience – with the recognition that there are a range of target audiences in Liverpool (see the Equality and Diversity section below) and that 'labelling' can be unhelpful and damaging to self esteem.
- 5.6 A second barrier was identified as **access** to healthy food and physical activity. Specific concerns were raised around access to physical activity that is appropriate to age, gender, cultural and faith groups in particular.
- 5.7 Access can be physical, financial or mental and areas where cheap but fresh and nutritious food is hard to access have been described as

'food deserts'. Elderly, disabled or low income families may have long journeys by bus to access reasonably priced food and are then limited in what they can carry.

5.8 Different views exist on what the definition of a food desert is but according to work done by the University of Liverpool, in some parts of Merseyside as many as 65% of people live in food deserts<sup>7</sup>.

5.9 Lack of access to fresh fruit and vegetables was mentioned on several occasions by members of the public

*"People have no money, no time and no supermarkets in the area so there's no access to a variety of foods."*

5.10 In addition, fresh fruit and vegetables were sometimes seen as being more expensive than ready meals although, conversely, some participants felt that this may be a misconception as fresh produce may be better value and can produce more than one meal.

5.11 People living on their own also mentioned that **motivation** could be an issue when shopping and that it did not always feel worth the effort to shop for fresh ingredients.

5.12 There was considerable support for more information on **growing fruit and vegetables** whether at home or on allotments but some respondents reported long waiting lists for allotments and others mentioned that vandalism of allotment sites put them off applying.

5.13 A further issue was identified as **communication**. Whilst members of the public recognised that Liverpool City Council and Liverpool PCT were making commendable efforts to support local residents to achieve and maintain a healthy weight there was still not enough awareness about initiatives such as free passes to Lifestyles Gyms for the under 17s and over 60s. Even where people were aware that free passes existed there was still considerable confusion as to who was eligible and whether eligibility was time-limited as well as whether other sports centres offered similar schemes (for example Peter Lloyd). There was therefore felt to be a need to **improve the promotion of free schemes** and to use a wider range of ways to do this including proactive outreach to cultural groups who may not know about or feel confident accessing services.

5.14 Communication about existing opportunities, schemes and support programmes was closely linked to the wider issue of **education, public health messages and information**. It was felt for instance that whilst

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<sup>7</sup> Marsden, J., Brown, P.J.B. and Hutton, K. (2006) *Access to healthy foods: a GIS and geodemographical approach*, LARIA News, 82, 8-11

most people have some awareness that it is good for them (or others) to eat less and exercise more they were confused by messages about what types of food they should cut down on and whether certain things were good in moderation or should be avoided entirely.

- 5.15 There was considerable concern that cookery skills had been lost over two or three generations and that many families relied on ready meals or takeaways to a large extent. **Cookery lessons** were suggested for adults as well as children and although some participants were aware of, and complimentary about, Community Food Workers or other cookery projects, such as the Can Cook Studio in Speke, it was clear that this information was not as widely known about, or accessed, as the Group would wish – although this is also partly due to lack of capacity and the lack of suitable community-based kitchen facilities.
- 5.16 **Early intervention** was seen as important in counteracting this intergenerational loss of cookery skills and **schools** were viewed as a crucial community resource in delivering not only practical cookery experience (in addition to sporting activities) but information on nutrition and healthy food choices – ideally to adults as well as children. There was however concern that schools were not always properly equipped to provide such services and that budgets and timetables did not allow for it to a sufficient extent.
- 5.17 The Group found that the **Healthy Schools Team** are working very hard and creatively to address this issue and which has been helped considerably by the joint commissioning of services by Liverpool PCT and Liverpool City Council and the effective ‘joining up’ of budgets. An example of this is the provision of catering and dining facilities in Pupil Referral Units which are now able to serve hot meals for the first time and can also involve pupils in cooking, thus helping to improve their social skills. Furthermore, Food Technology will be back on the Key Stage 3 agenda from September 2010 which should have a positive impact within Liverpool now and into the future.
- 5.18 Some participants suggested that the best way to get messages across to people was to employ ‘**shock tactics**’ about the dangers of unhealthy eating and lack of exercise because bland, well-meaning messages were too easily ignored.
- 5.19 However, alongside this there was a need to **teach people to alter their diet sensibly** to slow down the rate of weight increase rather than encourage dramatic weight loss or eating disorders. The Group found that this approach has been adopted very successfully by the GOALS project at Liverpool John Moores University which has worked with 143 families of ‘overweight’ or ‘obese’ children who have been referred by GPs, Healthy Schools Co-ordinators, Alder Hey Paediatricians, SportsLinx staff or others since 2006 with 80% of participants who completed the programme showing a reduced Body Mass Index in 2008/09.

- 5.20 There was a request from some participants at LINK Neighbourhood Meetings for **more positive images of different body types** – not just skinny models – to improve self confidence about body image. This was a particular concern in relation to people who were not from a White European background.
- 5.21 More information was also requested in relation to weight gain caused by medication. Participants said they would value **better advice from GPs**. This also applied to information about special diets for people with diabetes or certain intolerances such as to wheat or dairy products and again had particular impacts on certain racial or ethnic groups.
- 5.22 **Lack of exercise** was recognised as being a major factor in people being overweight. In some cases this was attributed to increasingly sedentary lifestyles with work and leisure activities often focused around computers. The loss of playing fields and opportunities to play competitive sports was also mentioned, as were increased adult fears about allowing children outside to play. In some instances concerns were raised about lack of **access to local parks** (which were locked for part of the day) and plans for local leisure facilities – including skate parks – being put ‘on hold’. More facilities such as skate parks, ice skating and roller rinks were requested. On the positive side, some school playgrounds were being improved with Government grants.
- 5.23 **Additional support for specific groups**, for example older people, people with disabilities including mobility problems and Muslim women in particular was requested. These were all groups who would welcome more chances to become physically active but did not always have access to exercise groups or classes or were not aware of suitable exercises that they could do at home or with groups of their friends.
- 5.24 There was strong support for **free school meals for ALL primary school children** and more information about what to put in ‘**healthy lunchboxes**’ for both children and adults. This would enable the responsible authorities to promote nutrition in a positive way – good eating habits among young people would have long-term benefits.
- 5.25 Again, the Group found that Liverpool’s ‘Transforming School Food’ strategy is encouraging in its breadth of ambition and indeed has prompted interest from around the country. The strategy is updated and monitored every 6 months and is being used as a model by North West Healthy Schools teams. It has been commended by the School Food Trust. The University of Wolverhampton is currently evaluating the strategy, including how successfully it is implemented and communicated, and will report in 2011.
- 5.26 There were also requests for **healthy recipes for one** person as it is not always easy to work out how to divide ingredients in recipes aimed at 2 or more people to make them suitable for one person – although

people could also be encouraged to cook enough food to last more than one day provided it is stored safely / frozen as required. The Group found that Community Food Workers do provide recipes for one person or for people with specific dietary requirements – including those based on medical conditions, faith or cultural reasons – but, again, this is perhaps not widely known about.

5.27 Several people made the point that overeating isn't the only issue that Liverpool should be concerned with and that some people don't eat enough or get **proper nourishment**; problems which should also be tackled pro-actively.

5.28 Another interesting point which was mentioned on several occasions is that families were thought not to eat together on a regular basis anymore and that children aren't encouraged to eat what they're given.

*"There can be too much choice and people have 'treats' every day."*

5.29 Other commonly mentioned issues included that food portions are too big, food is too processed and contains too many additives and preservatives, fast food and ready meals are too available and that lack of time and stress are major factors in people eating convenience food.

#### **b) Good practice identified**

5.30 Respondents also came up with a number of examples of good practice and projects which they felt were making a difference and should be more widely known about or supported. These included:

5.31 The **GOALS Programme** based at Liverpool John Moores University which provides dieticians and sports development staff to work with the whole family around healthy eating even if just one family member is classed as being an unhealthy weight.

5.32 **Walton Hospital Weight Management Clinic** was praised for an excellent physiotherapy exercise programme that helps overweight people get more active in a safe environment but which was currently thought to be funded for only 12 weeks per patient.

5.33 Good work was reported within **schools** but there was some concern that different aspects of healthy living were not always 'joined up' e.g. school meals / travel plans / cycling schemes / 'walking bus' schemes. It was suggested that cycle and green transport routes should be prioritised with the 'designing in' and protection of cycle lanes, not allowing them to be eroded by road works. One particular scheme in Tuebrook to reduce risk to children walking to school which was led by children themselves was singled out for particular praise.

5.34 Efforts to provide **outdoor 'play' facilities**, for adults as well as children (not just indoor sports venues and gyms), were appreciated

and encouraged a return to 'old fashioned' playground games. Some equipment is already available in public spaces (Sefton Park was cited as a good example) but needs to be maintained and protected from vandalism to encourage ongoing use. The Yestergames scheme in Alt Valley over the summer holidays in 2009 was mentioned as a good practice example.

- 5.35 **Free access to Lifestyle Gyms** for people under 17 and 60+ was valued although access times were said not to always be suitable for these groups.
- 5.36 PCT **Community Food Workers** were mentioned by some participants and their programmes to help with preparing healthy meals were appreciated, including the 'Can Cook' programme in Speke.
- 5.37 Increased 'roll-out' of good practice was supported. For example, schools which don't allow crisps or chocolate in packed lunches (except on Fridays) and schools or sports centres replacing **vending machines** selling sweets and sugary drinks with alternative machines selling fruit and other healthy snacks.
- 5.38 A variety of **exercise schemes** for adults and children were known to exist including Rise and Shine groups in primary schools, local walking groups, rollerblading for young people in Walton Hall Park, dancing and drumming in Sefton Park and 'pram walks' for parents of young children. However, better publicity was required in order to encourage maximum take-up.
- 5.39 Examples of excellent **food co-ops** were provided in Belle Vale and, outside Liverpool, in Runcorn and these were said to work very well but more were needed across all neighbourhoods – if they did not already exist – as the cost and environmental impact of travel to other areas could be prohibitive. This was also the case with farm shops.

*'There's a great farm shop in Widnes which is cheaper than supermarkets and sells local produce – but why should I have to go all that way? It defeats the object!'*

### **c) Recommendations**

- 5.40 Participants also made a number of useful recommendations – many of which were linked to points outlined above, including:
- **Back to basics cooking** is needed in schools – both for children to eat and to learn to make themselves – as is a return to lessons in 'home economics'
  - Adults also need more opportunities to learn to cook and more **role models** are required to inspire both children and adults



- More encouragement and support for **growing vegetables** is needed both in allotments and back yards – gardens are not necessarily needed to do this
- Encourage and support the development of **local farm shops, neighbourhood farmers markets and food co-ops**
- Increase the availability and variety of **non-competitive activities** e.g. tai chi, dance etc
- More awareness is needed about **healthy portion sizes** and 'Eatwell Plates'
- More schemes needed to encourage parents and children to **walk to schools** – however loss of some local schools is a problem
- Bring back 'old fashioned' **playground games**
- Encourage **better use of parks and 'free' facilities** including in evenings and by walking groups etc – improve patrols by wardens of Community Police Support Officers if necessary
- More **signposting** needed about healthy food and exercise – what's good and what isn't, tailored to individual circumstances
- Employers should be encouraged to promote **exercise at work**
- **Better medical support** is needed. GPs may need reminding that prescription support is available for people with a BMI of 30+. The entitlement for people with long-term conditions to receive 'information prescriptions' could be extended to patients needing weight management support.
- Secure **more funding for the Walton Hospital Weight Management Clinic** to provide easily accessible classes that more overweight people can participate in for longer periods in an environment where they do not feel at risk or excluded because of their size
- Improve the **promotion of free (and low cost) healthy eating and exercise schemes** particularly by placing information in a range of venues and media outlets – including those not normally associated with health and wellbeing
- Liverpool strategies ARE working but there is still a need for more support, **more mainstream funding** and more promotion so that more people can access available initiatives
- Whilst there is a lot of good work going on in Liverpool too much of it is still taking place in silos. LINK members have suggested that **Liverpool LINK** is well placed to monitor how well strategies such as Liverpool's 'Children and Young People's Plan' (in which obesity is a priority) tie into 'Every Child Matters' and 'Be Healthy' strategies.

## **6.0 HEALTHY WEIGHT QUESTIONNAIRE**

- 6.1 On the basis of some of the most frequently raised public concerns the Healthy Weight Task and Finish Group devised a pilot questionnaire aimed at finding out more about what people know and think about the local services that help people to keep a healthy weight.
- 6.2 The purpose of the pilot was to test the feasibility of the Group gathering such information on a small scale and to apply any lessons learned before rolling the research out to a wider sample of people. The pilot questionnaire was tested with the public at an open air event called the “Big, Big L8 Lunch” which was held on the afternoon of Sunday 19<sup>th</sup> July 2009 on Princes Boulevard, Toxteth, L8.
- 6.3 The pilot questionnaire was completed by 15 people and following this exercise a number of amendments were made and an additional Easy Read version produced.
- 6.4 The amended questionnaire was then circulated to LINK members and other members of the public at a range of events including 5 LINK Neighbourhood events in November 2009 and events held by other voluntary and statutory partners, for instance a ‘Meet the Neighbours’ fun day held by Cobalt Housing.
- 6.5 In total 104 copies of the questionnaire (see Appendix 2) – with some or all of the questions completed – were returned by 8<sup>th</sup> December 2009 and the section below presents a summary of the results. Questionnaires received after that date could not be included.

### **Questionnaire Analysis**

- 6.6 Participants were asked a number of questions, prompted to tick the answers they wanted to give and write comments where appropriate.
- 6.7 There were 104 responses to the questionnaire in total but not every respondent answered all questions. Percentages have therefore been calculated based on the number of people who answered each question.

## Section 1: General Questions

1a) Are you aware of the 'One Million Pounds to Lose' campaign in Liverpool?  
(Your answer will help us feed in to an evaluation of the campaign).

	Number of responses	Percentage
<b>Yes</b>	71	69%
<b>No</b>	29	28%
<b>Not Sure</b>	3	3%
<b>Total</b>	103	100%

The responses to this question indicate that the PCT's marketing of this campaign worked well. It would be useful to know from the PCT how much impact the campaign had in actually encouraging people to lose weight and how this was measured.

1b) Do you know that Lifestyles Gyms are free to under 17s and over 60s?

	Number of responses	Percentage
<b>Yes</b>	80	78%
<b>No</b>	23	22%
<b>Not Sure</b>	0	0%
<b>Total</b>	103	100%

Again, the percentage of people who knew about free access to Lifestyles gyms indicates that awareness is high. However since over a fifth of respondents were unaware would indicate that there may still be people not accessing the gyms who would benefit from them.

1c) Do you know about Liverpool's '5-A-Day' Fruit and Veg bags scheme?

	Number of responses	Percentage
<b>Yes</b>	51	49%
<b>No</b>	46	45%
<b>Not Sure</b>	6	6%
<b>Total</b>	103	100%

Approximately half of those who answered were aware of the scheme which is encouraging. However, given that interest in access to affordable fresh food is high it may be welcome if this scheme could be more widely marketed at local tenants and residents groups and community organisations, amongst others, for the benefit of their members.

*1d) Do you know how to contact your local CHAT (Community Health Ambassador Team)?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	15	14%
<b>No</b>	82	80%
<b>Not Sure</b>	6	6%
<b>Total</b>	103	100%

A clear finding was that CHAT services were not widely known about despite being well positioned to provide locally-based information and support around issues including healthy weight. It is hoped that recent changes to the management and structure of the service will lead to greater recognition for this worthwhile service.

*1e) Do you know how to contact a PCT Health Trainer in your area?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	29	28%
<b>No</b>	67	65%
<b>Not Sure</b>	7	7%
<b>Total</b>	103	100%

Health Trainers were more high profile than CHATs but the questionnaire results suggest that there could still be more work to do in publicising the service.

1f) Do you know about any free healthy eating / cooking / walking / exercise groups in your area or elsewhere in Liverpool?

	Number of responses	Percentage
<b>Yes</b>	37	36%
<b>No</b>	56	55%
<b>Not Sure</b>	9	9%
<b>Total</b>	102	100%

Again, whilst over a third of people who responded were aware of healthy lifestyles activities in their area the majority were not, despite evidence elsewhere in this report that local people would welcome access to such schemes.

Those who answered 'yes' to this question were invited to give examples. Their responses were:

- Walking - organised by PCT
- Active Sefton / exercise group for people who work in Sefton
- YRS (?) Most Neighbourhoods
- Walking groups
- Walk for Health - all of Liverpool - linked to Calderstones Park - Community Food Workers - free exercise equipment in outside places all over Liverpool
- Walk for health in Sefton Park
- Walk for life
- Community food workers, taste and cook, Sunflower centre (Liverbility), exercise, walk for health
- Walking at Croxteth and in Calderstones Parks
- Imagine (walking)
- Walk for Health
- Cycle for Health
- Health Inclusion for Men at BNEC
- Walking / exercise around city and in park
- Walking and exercise (H.I.M.), BNENC
- Aigburth
- Sefton Park / Calderstones Park
- Community Food Workers based at Clubmoor. Liverpool Active City Walking for Health Groups. Our Centre also facilitates Line Dancing, Family Dance Classes, Tai Chi, Over 50's Aerobics and Childrens Dance School. We are Porchfield Community Centre based in Croxteth, L11 9DT
- I am aware of the walking groups as I have met Andy Ireland (Walk for Health Co-ordinator)
- Only walking groups but don't know how to contact them
- Cooking on a budget at Yew Tree Children's Centre
- St Cecilia's Infant School, Healthy Eating
- Walton Lifestyles

- Broadgreen Hospital; Sefton Park Cycling Club
- Rangers
- Healthy eating; Tai chi; exercise; Invergarry Road, organised by Liverpool PCT
- Formby
- Peter Lloyds / Lifestyles
- Ellergreen Sports Centre
- Liverpool One website - walking group every Tuesday
- Aware but not made a mental note

1g) Are you aware of any healthy weight schemes in local schools (including healthy eating / cooking / food growing / exercise groups)?

	Number of responses	Percentage
<b>Yes</b>	35	35%
<b>No</b>	58	57%
<b>Not Sure</b>	8	8%
<b>Total</b>	101	100%

Over a third of respondents were aware of healthy living activities taking place in local schools. Again, whilst this is encouraging, it demonstrates that schools may need to promote this type of activity more widely within their local communities.

1h) Would you be interested in cookery lessons?

	Number of responses	Percentage
<b>Yes</b>	36	35%
<b>No</b>	57	55%
<b>Not Sure</b>	11	10%
<b>Total</b>	104	100%

Whilst a small majority of respondents were not interested in accessing cookery classes, over a third of those who answered this question did feel that they would benefit from improving their cookery skills. Perhaps further questions should be asked as to whether those who are not interested in improving their skills feel they are good enough cooks already or whether they are not interested in preparing meals from scratch.

1i) Do you know about the services provided by Community Food Workers?

	Number of responses	Percentage
<b>Yes</b>	27	26%
<b>No</b>	70	67%
<b>Not Sure</b>	7	7%
<b>Total</b>	104	100%

The evidence from the previous question indicates that there may be a significant minority of people in Liverpool who would welcome support with cookery skills which could potentially be provided by, or in association with, the Community Food Workers team although awareness of their services was not high. At present the team have only limited capacity to expand their service but the model is a good one and deserving of continued support.

1j) What do you think about the idea of cross-community lunch/supper clubs where people can share cooking tips and get to know people from a range of cultural backgrounds and communities?

	Number of responses	Percentage
<b>Yes</b>	78	76%
<b>No</b>	7	7%
<b>Not Sure</b>	18	17%
<b>Total</b>	103	100%

This idea was generally very well received with over three-quarters of respondents approving. Some even added comments such as 'good' or 'very good'. It is encouraging to note that some organisations are already operating successful schemes which are similar to this idea – including Cobalt Housing Association's 'Meet the Neighbours' events.

1k) *Would you be interested in setting up a Healthy Weight Support Group with your own friends?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	24	24%
<b>No</b>	61	60%
<b>Not Sure</b>	16	16%
<b>Total</b>	101	100%

Approximately one quarter of respondents were interested in the idea of ‘self help’ or ‘peer support’ groups to help them maintain a healthy weight. Perhaps this is an idea the PCT could explore with relevant partners.

One person noted that they already had a group of this kind at work.

1l) *Would you be interested in information about growing your own vegetables at home or on an allotment?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	57	56%
<b>No</b>	44	43%
<b>Not Sure</b>	1	1%
<b>Total</b>	102	100%

More than half of those who answered were interested in growing their own produce. Again, this is a finding that Liverpool City Council and Liverpool PCT might wish to explore further.

One person noted that they would not be interested in information but only because they already had an allotment.

1m) *How far do you have to go from home to buy fresh food?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Under 10 mins walk</b>	48	47%
<b>Over 10 mins walk</b>	50	49%
<b>Not Sure</b>	4	4%
<b>Total</b>	102	100%

According to some academics, people who have to walk for more than ten minutes to access fresh produce can be said to be living in ‘food deserts’. This



is particularly important for those who do not have access to cars or who are elderly or have mobility problems.

*1n) Do you need to use public transport to buy fresh food?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	29	28%
<b>No</b>	73	71%
<b>Not Sure</b>	1	1%
<b>Total</b>	103	100%

Although the majority of respondents did not need to use public transport to access fresh food, over a quarter were reliant on it. A relatively high proportion and something to be concerned about in respect of health inequalities within certain neighbourhoods and amongst certain groups.

One person noted that they used public transport 'sometimes'.

*1o) If 'Yes', is accessing public transport easy?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	38	70%
<b>No</b>	16	30%
<b>Not Sure</b>	0	0%
<b>Total</b>	54	100%

A number of people chose to answer this question even though they had indicated that they did not need to use public transport to access fresh food, thus the results are to be treated with some caution. Nevertheless it is pleasing to see that the majority of respondents felt they had good transport links. It may be useful in future to look at how access to free bus passes for older people or those with disabilities has an impact on the ability to buy food from further afield. Particularly given anecdotal evidence picked up by the LINK suggesting that supermarkets vary their prices according to area and local competition, with more affluent areas often apparently offering cheaper food choices.

1p) Do you need help or advice about how to get the food you need for a special diet?

	Number of responses	Percentage
<b>Yes</b>	14	14%
<b>No</b>	79	82%
<b>Not Sure</b>	4	4%
<b>Total</b>	97	100%

The vast majority of respondents did not require any additional help or advice around special diets. Of those who did, the most common issue was diets for diabetics, see below.

1q) If 'yes', is this for reasons of health / medical condition (e.g. diabetes / wheat intolerance) or for faith or cultural reasons?

Health / medical reasons (please state if you wish)

- 6 people said they required support with diabetic diets - one added that 'Type 1 Diabetes - makes losing weight hard'
  - 3 people required support for other diabetic family members
- Other conditions mentioned were:
- arthritis
  - Multiple Sclerosis
  - 'mum is coeliac'
  - food allergies
  - wheat intolerance
  - blood pressure
  - diabetic, lactose-free diet, swallow problem
  - 'I have been seeing dietician due to having IBS (irritable bowel syndrome)'
  - A further 2 people required unspecified help

Faith reasons (please state if you wish)

- kosher or halal only
- Hindu

Cultural reasons (please state if you wish)

- 2 people mentioned cultural reasons, one of whom added 'Hindus do not eat beef, pork, etc.'

Other (please state if you wish)

- 'don't eat veggies so can't eat healthily'
- 'I'm a dancer, rehearsing for long hours and performing which requires a lot of energy but need to stay slim so can't consume too many calories'
- 'like to lose weight properly and genuinely'
- 'weight loss'

1r) *Would you like more information and advice from your GP about how to maintain a healthy weight?*

	Number of responses	Percentage
<b>Yes</b>	29	29%
<b>No</b>	64	65%
<b>Not Sure</b>	6	6%
<b>Total</b>	99	100%

Whilst the clear majority did not feel that they required additional information or advice from their GP a significant minority would value more support. The reasons they gave were as follows.

1s) *If 'yes', what sort of information or advice would you like?*

**General advice (please give details if you wish)**

- 9 people wanted unspecified advice or information
- Those who were specific said:
  - diet
  - dietary
  - portion size
  - general advice about a healthy diet
  - diet foods
  - how to monitor BMI and maintaining health
  - food, exercise and medicine
  - best way to lose weight - there are so many different ways to do it - and some advice for those in particular who don't have a lot to lose so obesity isn't the problem, but shifting those last few pounds is always the hardest
  - weight loss clinic
  - just local support
  - how and what to eat
  - how to be healthy and maintain your body weight

**Advice about the effects of prescription medication (please give details if you wish)**

- 3 people wanted unspecified advice
- Those who were specific said:
  - weight gain
  - effects of Metpharmine / Gliclazide on increased weight
  - heart medication
  - tildiem retard/lisinopril/stelazine
  - about the health

□ A folder containing details of local services that could help you manage your weight and live a healthier life. Like an 'Information Prescription' (please give details if you wish)

- 15 people said they would value Information Prescriptions to help them manage their weight

## Section 2: Information

2a) Where do you get your information about healthy weight/healthy eating/healthy exercise? (tick as many as apply)

Information source	Number of responses
TV	60
Radio	26
Newspapers/magazines	62
Internet	52
Family and friends	44
GP	30
Other health professionals	30
Other	9

The most common sources of information were newspapers and magazines, television and the internet.

Other health professionals who had been sources of information were defined by respondents as:

- 50+ forum
- diabetic nurse / dieticians
- Dieticians
- Mainstream, Imagine
- health trainers, 5 a day conferences
- within my employer
- I am a health trainer
- OHV
- slimming club
- CPN
- heart support
- BNENC
- Weight Watchers
- Hospital
- PCT
- diabetes dietician
- dietician
- colleagues
- practice nurse / public health team
- OHU (occupational health unit)

Answers to the 'other' option included:

- at the moment there is too much information about losing weight
- I don't
- I have been interested in food and diet for more than 40 years
- Local organic farm
- Sports training studies earlier in life
- Schools / events
- Work
- Gym instructor

### Section 3: Future Services

3a) Are there things that should be done but are not yet being done to help people to get to and stay at a healthy weight? (tick as many as apply)

Suggestion	Number of responses
Better publicity of healthy portion sizes and balanced meal plates	58
Better publicity of local 'walks for health' and 'trim trails'	59
Sending information about healthy diets and exercise to every household	46
More free exercise groups available to all age groups	64
More information on alcohol use and weight gain	38
Information available in range of venues, not just health centres, gyms etc	56

There was support for all the above suggestions with more free exercise groups for all ages being the most popular suggestion. Other suggestions made by respondents included:

- eat less, exercise more
- information specifically for vulnerable groups
- web banner advertising, YouTube (viral advertising)
- Regular health and diet awareness sessions as the majority of the BRM communities rely on word of mouth
- more local accessible support at GP surgery etc
- schools
- housing associations
- honest information on food packing
- personal contact

#### Section 4: Best practice

4a) Do you know of any outstandingly good local services to help people to get to and stay at a healthy weight?

	Number of responses	Percentage
<b>Yes</b>	20	21%
<b>No</b>	67	68%
<b>Not Sure</b>	11	11%
<b>Total</b>	98	100%

The majority of respondents could not immediately give examples of good practice but approximately one fifth were able to do so, see below.

4b) If 'yes', please tell us about them and anything they do that other services could benefit from by copying.

- \*Friends could start their own diet club, meet in friends houses, say pay £1 each week and get weighed. After so many weeks had passed they could use the £s they had saved to go out for a day together, have lunch or a visit to a club. Very social and looking after each other.
- \*Active Sefton
- \* Keep spelling out dangers of fat in food
- \* weight campaign and exercise
- \* dividers to fit plates so that people can get used to portion sizes to lose weight and maintain weight
- \* St Helens local service
- \*Liverbility centre (Woolton)
- \* free prescription scheme via GP
- \* BNEC and the HIM project - men's health project worth copying
- \* Breckfield gym
- \*\* Weight Watchers / Slimmers' World
- \* GOALS
- \* I work for Merseyside Fire and Rescue Service and they offer various health initiatives via their community based fire stations - gyms, smoking cessation, health and sexual education classes, Jamie Oliver cooking sessions etc
- \* Lifestyles gym
- \* Lifestyles Centres free 5 - 16 years and over 60s
- \* Croxteth Communiversity, Wed 5 - 8
- \* physio for COPD (*chronic obstructive pulmonary disease*), Ellergreen
- \* Fazakerley Community Federation
- \* Hetherlow Community Centre
- \* Weight Watchers and Slimming World

## Section 5: New Ideas

5a) *Do you have any other ideas or comments about things which would encourage people to maintain a healthy weight?*

People gave a variety of answers to this question, all of which are set out below:

- Simple:- Eat less and exercise more
- Probably having free weight watchers
- Group and community fair / school contest
- Sports/football for youths/adults
- Reward schemes when they lose weight or attend so many sessions
- No, I think people should take responsibility for themselves and most people do actually know which foods if eaten in excess will make them gain weight. Almost all foods are ok if eaten in moderation
- Support and encouragement off many organisations
- To have self control
- Free dance classes or fun exercises
- Cycling and swimming
- Go to gym
- Understanding cultural differences in relating to food
- Ballroom dancing etc
- Get Government to put restrictions on rubbish food
- Free gym membership for people who are overweight
- Encourage own children and more free exercise classes
- Gardening club at Lowlands, West Derby. Allotment centre at either Margaret Bevan School or the old Green Lane Library where people can get info about growing things.
- Walking - exercise
- Community centres, church, mosque, synagogue, temple etc
- Just better awareness to people of the importance of a healthy diet
- Balancing exercise with good meals and eating at the right times
- Sign up with your local health trainer to devise a personal development plan
- Press the transport authorities to provide sufficient, accessible transport and to include training for bus and train drivers in disability issues and standards of public service driving.
- Ensure that local Council authorities provide assistance in swimming pools and gyms e.g. help in changing into exercise clothes and swimming costumes and in helping clients to use equipment, to monitor the requirements and duration of such usage.
- Improve the standard of paved and pedestrian areas; many of our people are reluctant to walk further than absolutely necessary even in broad daylight, because they are afraid of falling. It has to be remembered that when such people do fall they usually have great difficulty in regaining their feet without help.
- Make it clearly understood that regular exercise and a sensible diet will reduce, dramatically, the chances of getting Type 2 diabetes, osteoporosis, cardiovascular problems and back, hip and knee problems (caused by excess weight), depression and mental illness.

- A healthy regime will help to increase length of life and that extended life-time will be of a better quality.
- Health prevention initiatives based in health centres, GP surgeries, shops
- Subsidised local delivery/availability of veg boxes (to be paid for by recipient)
- Walking, gym, proper intake of food
- Health education
- The health implications
- Fun run
- More free gym classes for teenagers
- Fewer fast food outlets
- Fast food outlets offering 'good' food
- Lower cost of 'good' food
- Integrated health/cookery/growing learning in schools

## Section 6: About you

6a) Do you use any local services provided to help people to control their weight?

	Number of responses	Percentage
<b>Yes</b>	25	26%
<b>No</b>	70	72%
<b>Not Sure</b>	2	2%
<b>Total</b>	97	100%

Just over one quarter of respondents said that they were using local services. Some gave examples, see below.

6b) If 'yes', please give details

- yoga and swimming
- health trainers, Mainstream, Imagine
- Liverbility - cook and taste - walk for health - active city - cycle for health
- Weightwatchers at work
- weightwatchers
- free circuit training at BNENC and regular walks
- Breckfield gym
- exercise at Lifestyles Gym
- BNENC and Lifestyle
- Lifestyles gym (x3)
- Weight Watchers
- Dietician
- I attend aqua fit weekly but this can become quite expensive and at times I cannot afford to go
- Our family dance classes
- local health centre



- Slimming World
- I am a member of Lifestyles and go to the gym
- swimming pool
- local weight watchers (private service)
- Diet Club
- sports centre
- Dr
- Park Road gym

*6c) Are you a Liverpool Resident?*

As would be expected, the overwhelming majority of respondents were Liverpool residents. Those from outside Liverpool used services in the city.

	Number of responses	Percentage
<b>Yes</b>	93	92%
<b>No</b>	8	8%
<b>Total</b>	101	100%

*6d) If 'yes', what is the first part of you postcode? (e.g. L4, L8, L19 etc)*

Respondents came from across the city and those who provided information about postcodes were distributed as follows:

Postcode	Number of responses
L1	1
L4	3
L5	4
L6	3
L7	6
L8	8
L9	3
L10	1
L11	6
L12	5
L13	3
L14	3
L15	7
L16	2
L17	13
L18	4
L19	4
L21	1

L24	1
L25	2
L31	1
L32	1
L38	1

6e) *Are you already a member of Liverpool LINK?*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	37	38%
<b>No</b>	52	54%
<b>Not Sure</b>	8	8%
<b>Total</b>	97	100%

There was a good distribution of responses from LINK members and members of the wider public with two-fifths of non-members asking for more information about the LINK and how to get involved, see below.

6f) *Would you like to find out more about Liverpool LINK? (e.g. Information Leaflet and membership form)*

	<b>Number of responses</b>	<b>Percentage</b>
<b>Yes</b>	34	41%
<b>No</b>	44	53%
<b>Not Sure</b>	5	6%
<b>Total</b>	83	100%

## **Equality and Diversity Monitoring**

When completing the questionnaire respondents were also asked to complete separate and anonymous equality and diversity monitoring information.<sup>8</sup>

Not all respondents chose to complete all the questions but the completed information shows the following.

### **Gender**

Eighty respondents stated their gender of whom 58% were female and 42% male. One respondent identified themselves as intersex.

### **Ethnicity**

Eighty people specified their ethnicity of whom 75% classed themselves as White English/Welsh/Scottish/Northern Irish/British. One identified as White Irish and two as White Polish.

Four respondents said they were Indian, three Black British, two Filipino, two Black African and one each White/Black Caribbean, Indian/Pakistani, Persian, Black Caribbean and Arab.

### **National Identity**

In response to a separate question, fifty nine people defined their own national identity. Thirty five (59%) classed themselves as English, seven as British, three as Polish, two Black British (African), two Filipino and one each Irish, Somali, Welsh, Iraqi, British Asian, British Indian, Indian, Asian British (Indian), European and English/Liverpudlian.

### **Disability**

Under the Disability Discrimination Act (1995) a person is considered to have a disability if s/he has a physical or mental impairment or illness such as HIV, cancer, diabetes, heart condition or similar which has a sustained and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

Seventy seven people answered this question of whom the majority of respondents (66%) did not class themselves as disabled but a significant minority – over one third – did (34%).

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<sup>8</sup> Ethnicity and National Identity categories are based on categories set out in the Government's White Paper 'Helping to shape tomorrow: The 2011 Census of Population and Housing in England and Wales' (Dec 2008)

## **Sexual Orientation**

Of the seventy five people who answered this question the majority (79%) were heterosexual with 13% identifying as lesbian, gay or bisexual. 8% preferred not to say.

## **Faith**

Seventy five people answered this question with a majority (56%) saying they were part of a faith community. Of these the majority were Christians (71%), 7% were Muslims and 9% preferred not to say. Other answers included Hindu, Parsi, Spiritualist, Roman Catholic, 'other' and atheist.

## **Age**

Of the eighty one people who specified their age 29% were 55+, 26% were 35 – 44, 21% were 45 – 54, 15% were 25 – 34 and 9% were under 25.

## **Occupation**

Eighty four people answered the question about their occupation with 43% being in full-time work, 16% retired, 13% unable to work due to sickness/disability, 8% in part-time work, 5% carers, 5% in full-time education, 2% unemployed but available for work, 2% looking after the home and 1% self-employed. 5% classified themselves as 'other' and said that they did voluntary work.

## 7.0 EQUALITY AND DIVERSITY

- 7.1 Liverpool LINK's Core Group includes Diversity Champions for all groups which are covered by equalities legislation. These Champions have been invited to read and comment on this report with reference to how alcohol may be viewed or used by their particular 'communities of interest'. Any findings will be submitted to the Task and Finish Group Chair in February 2010. If the need for any further work is identified as a result of the equality screening, this will be implemented via a supplementary report to be published by June 2010.

### Age

- 7.2 During the period in which this report was being compiled, LINK members and other members of the public told us that age could have a considerable impact on healthy weight levels. Despite concerns that children were becoming increasingly overweight, younger people were also particularly susceptible to media images promoting 'thinness' and, increasingly, unhealthy low weights but were not necessarily eating or exercising healthily in order to achieve the look they wanted, which had consequences both in the shorter and longer term.
- 7.3 Older people often found it harder to maintain a healthy weight as mobility became more of an issue and other health conditions also became increasingly problematic. Older people living alone also reported that they became less inclined to cook for themselves or to convert recipes for 2 or 4 people into suitable portions for one.
- 7.4 Department of Health data show that obesity among children aged 2-10 rose from 10% to 14% between 1995-2003 with the biggest increase being amongst children aged 8-10, where obesity rates rose from 11% in 1995 to 17% in 2003.<sup>9</sup>
- 7.5 Other studies indicate that children from lower socio-economic groups are more likely to be overweight<sup>10</sup> and that as many as 79% of clinically obese adolescents remain obese into adulthood.<sup>11</sup> A particular concern noted by the Group is that levels of understanding about childhood Body Mass Index (BMI) may not always be good even amongst health and education professionals. Not only are levels different according to gender but what is considered obese in adults may be standard in children at certain ages and vice versa.
- 7.6 These issues demonstrate just how pertinent it is that healthy weight messages reach families and young people and that appropriate support mechanisms are in place to help them achieve and/or maintain healthy weights. To this end, the Group has been impressed by the

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<sup>9</sup> 'Measuring Childhood Obesity', Department of Health (2007)

<sup>10</sup> 'Children's Plan, Building Brighter Futures', Department for Children Schools and Families (2007)

<sup>11</sup> Chief Medical Officer Annual Report (2007)

work taking place in schools via the Healthy Schools Team at Liverpool City Council and with the families of overweight children via the GOALS project based at Liverpool John Moores University. The work of the Active City team, Community Food Workers, Health Trainers and CHATs with both younger and older members of the community is also impressive but in some cases would benefit from greater capacity and improved, well targeted, publicity.

## **Gender**

- 7.7 Gender can have a big impact on attitudes not only to weight but to how to tackle weight problems.
- 7.8 Women have traditionally been seen as being more concerned with their weight than men and it can be argued that this has been as a result of women having been objectified, or given value based on their looks, to a greater extent than men. Meanwhile, men have traditionally been less likely than women to seek medical advice or support, including support in maintaining a healthy weight. This is a particular concern as the figures quoted earlier in this report show that a higher proportion of boys than girls are overweight or obese in Liverpool.
- 7.9 What is viewed as an ideal weight or 'look' for both women and men is liable to change over time and may vary between cultures but it seems clear that men, particularly young men, are increasingly concerned about their weight and body image and statistics show that approximately 11% of those affected by eating disorders are men.<sup>12</sup>
- 7.10 Whilst arguments about the impact of Size Zero models continue and whilst the Men's Health Forum reports that men know less about diet and nutrition than women and that men are less likely to be routinely weighed in primary care or to have their BMI recorded<sup>13</sup> it is inevitable that the issue of gender and healthy weight will remain of concern for some time and may need tackling in gender-specific ways. Trans people may have their own particular experiences but this report has been unable to make any specific recommendations in this regard.

## **Race**

- 7.11 One big question that keeps arising is what do we actually mean by healthy weight? Something the Group is interested in, based on feedback from the public, is how different weights can be healthy for different groups – for instance not all Black and Racial Minority (BRM) communities have 'healthy weights' that are the same as for White Europeans. Yet doctors, health service staff and education professionals tend to rely on standard Body Mass Index (BMI) figures for everyone because robust information about other racial groups is

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<sup>12</sup> National Institute of Health and Clinical Excellence guidelines on eating disorders (2004)

<sup>13</sup> [www.menshealthforum.co.uk/uploaded\\_files/HWWilkins.pdf](http://www.menshealthforum.co.uk/uploaded_files/HWWilkins.pdf)

scarce. This is just one example of something the Group would like Liverpool's health and social care providers and commissioners to be more aware of. The Group supports the work of the GOALS project which is currently studying perceptions of childhood weight by a range of BRM communities and has suggested to GOALS staff that it might be productive to work with Liverpool's BRM Network on this as it falls within the remit of the Liverpool BRM Joint Action Plan which includes obesity as an issue to be prioritised by it's Health and Social Care Sub-group.

- 7.12 Another question raised in relation to BRM communities was the issue of culturally appropriate food within hospitals and care homes to ensure suitable nutrition for all sections of the community. Hospitals such as the Royal appear to be aware of this issue but the Group is not clear how well voluntary sector or private care homes are able to respond to specific dietary requirements or how this is covered in any contracts to deliver services. Any further information would be welcomed by Liverpool LINK.
- 7.13 In the course of its work the Group found evidence of good work being done around healthy eating education for diverse ethnic groups – not only by organisations such as the Al Ghazali Centre which helps users access allotments, healthy cooking courses, health awareness sessions and sporting activities but also by staff in health centres including Princes Park. PCT Community Food Workers are also able to advise on healthy diets for people with particular health conditions, for instance Somali residents who may need additional Vitamin D in their diet and can work closely with PCT Community Engagement Officers to link into BRM community groups.

### **Sexual Orientation**

- 7.14 Body image has long played an important role in gay male culture and, it can be argued, also plays an increasingly important role within lesbian culture, particularly amongst younger women who are active on the 'scene' although most existing studies suggest that lesbians are more likely to be overweight than heterosexual or bisexual women<sup>14</sup>. Most available research however focuses on gay men and indicates that 'restrained' eating is more prevalent amongst gay men and heterosexual women and that "body shape concerns, eating motivations and eating styles... are greater for heterosexual women and homosexual men."<sup>15</sup>
- 7.15 Although it would appear that in many ways the pressures for lesbian, gay and bisexual people are similar to those of their heterosexual peers the added issues of societal and internalised homophobia may

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<sup>14</sup> Boehmer, U. et al (2007) *Overweight and Obesity in Sexual-Minority Women: Evidence From Population-Based Data*, American Journal of Public Health Vol 97, No. 6

<sup>15</sup> Conner, M. et al (2004) *Gender, Sexuality, Body Image and Eating Behaviours*, Journal of Health Psychology 9: 505-515

add an extra dimension to individual concerns about body image, including 'buying in' or, conversely, opposition to social norms about masculinity, femininity, 'beauty' and relationships with food and/or exercise.

### **Faith**

- 7.16 An issue raised by participants at LINK meetings was that it can be difficult for people from some faith groups to attend mainstream healthy lifestyle, cookery or exercise classes or support groups as these do not have suitable understanding or facilities for all faiths. Some Muslim women experience particular problems in this regard, requiring women only sessions. Other problems include healthy meals suitable for a range of dietary requirements although the Group was reassured to learn from the Healthy Schools team that, in their opinion, head teachers are mostly "ahead of the game" in regard to cultural and dietary differences and diversity. All school meal providers must cover cultural / faith requirements as well as allergies / intolerances as part of their contractual duties. The Healthy Schools team has also, for instance, recently conducted a joint session with the Ethnic Minority and Traveller Achievement Service (EMTAS) for Somali families looking at ways to promote culturally appropriate packed lunches – including such topics as health risks associated with cold rice. Work also takes place with King David's school in respect of kosher requirements.
- 7.17 There are further encouraging examples of groups such as WING (a group for women of faith from a range of backgrounds) who are starting to address these issues within their faith communities.
- 7.18 Further points relate to the issue of appropriate dietary choices for people of all faiths within hospitals and care homes (see also 'Race' above) and within prisons.

### **Disability**

- 7.19 A number of people who took part in LINK neighbourhood meetings, or responded to the Healthy Weight Task and Finish Group in other ways, mentioned that disability could have an important impact on weight.
- 7.20 Some people with disabilities found it difficult to access gyms or sports centres – this included wheelchair users, people with service dogs and those with limited mobility or sensory impairments. Although specialist facilities at Greenbank Sports Academy are available, and offer an excellent service, they are not always easy to reach by everyone who might wish to use them and, even with a 30% disability discount, can be beyond the pocket of some people.
- 7.21 It would be useful if accessibility issues at Lifestyle and other gyms were addressed with input from disabled people themselves, perhaps



via Liverpool Disability Network. It would also be welcomed if disabled people had better access to specialist advice about how to exercise at home.

- 7.22 A second issue of concern was that gym staff are not generally adequately trained to advise people with certain health needs or conditions (being mostly Level 2 Gym Instructors) and can, unwittingly, exacerbate conditions if they give incorrect exercise advice. Whilst individuals have a responsibility to seek medical advice if they are unsure of any potential negative impacts of exercise it would also be helpful to have some gym staff with specialist skills in this area.
- 7.23 However, there are also positive initiatives to report, for instance physical activity sessions supported by Active City with disabled groups, including an amputee group, and a weekly scheme offering chair based exercise, indoor bowling, board games and reiki in Clubmoor. These groups are at increased risk of heart disease, diabetes and hypertension through being inactive and these projects address these issues in creative and user-friendly ways.

## 8.0 CONCLUSION

- 8.1 Liverpool PCT and Liverpool City Council are to be commended for recognising the importance of addressing weight issues as a strategic priority at a time when Liverpool's weight problems are average for England<sup>16</sup> rather than waiting until a potential 'obesity timebomb' hits the city. Prevention is better and, arguably, cheaper than cure and it is clear to Liverpool LINK that there is a genuine will and commitment to addressing this important public health issue in Liverpool.
- 8.2 It is also clear that this is something that is of real concern to local residents and that they are keen to act to help themselves with the support of the public and voluntary/community/faith sectors, provided they feel confident about the healthy eating and exercise messages they are receiving and know where to go for expert advice and support.
- 8.3 At present there are still some gaps in knowledge and messages are not always reaching their intended recipients but movement appears to be in the right direction.
- 8.4 It is encouraging to note that, alongside its Healthy Weight Strategy, Liverpool PCT is already developing plans to address childhood obesity by:
- Improving breastfeeding rates
  - Addressing issues around weaning and healthy eating for pre-school children
  - Developing pre-school activity projects
  - Providing vouchers for fresh fruit and vegetables to eligible pregnant women, breast feeding mothers and children under 4 years old (the Healthy Start scheme)
  - Implementing a peer mentoring model to improve the health and wellbeing of children (the Health Mates scheme)
  - Improving the referral pathway for the management of children diagnosed as obese/overweight
  - Exploring barriers that impact locally on children and families in pursuing a healthier lifestyle
  - Developing a local resource directory with Active City (for use by clinicians and others) – to include details of local physical activities for children and families<sup>17</sup>
- 8.5 The Group was impressed by the range of activities and level of support offered by Active City staff, Community Food Workers, the Healthy Schools team, CHAT staff and Health Trainers, indeed Health Trainers received a particularly positive response from the public who felt they were effective and good value for money. A range of Voluntary, Community and Faith groups were also very active in

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<sup>16</sup> 'Healthy Weight, Healthy Liverpool', Liverpool PCT

<sup>17</sup> 'Neighbourhood Health Model', Liverpool PCT Provider Services (2009)

promoting – and in some cases, funding – healthy living, cooking and exercise messages including groups working with diverse cultures and faiths (for example the Al Ghazali Centre, Liverpool Muslim Society Day Centre, WING and Faiths4Change).

8.6 The Group was also pleased to note:

- 73% of Liverpool schools have National Healthy Schools status<sup>18</sup> and, since 2008, the Transforming School Food Strategy (jointly funded by Liverpool City Council and Liverpool PCT) has introduced fruit vending machines, water coolers, cashless payment systems and, in some cases, salad bars in schools. Health Trainers note in particular that the introduction of fruit vending machines in schools and sports centres has led to anecdotal reports from parents that their children have lost weight;
- a range of allotment schemes aimed at, among others, the Chinese community, refugees, hostel dwellers (e.g. Mildmay House and St Brides Church) and people with learning disabilities (e.g. Dutch Farm Project / South Central Day Centre Green Team);
- effective joint working between Liverpool City Council Active City staff and Liverpool PCT Community Engagement officers for instance to co-ordinate healthy eating projects at sheltered schemes in Croxteth and Fazakerley. These schemes help elderly people with portion sizes, salt/ saturated fat/ sugar intake; reading food labels, how to cook, cooking on a budget, making enough food at one time to last a few days. Tai chi/ chair based exercise/ dance sessions have also been established at these schemes in addition to food co-ops. There are various barriers to healthy eating and engaging in physical activity for this group such as disability, fear of safety, lack of disposable income, unable to carry large amounts and transport issues so the approach has been to bring everything to them. These schemes have a communal room at their venues which is free, on site, safe and with which the residents feel familiar and comfortable. These projects will be evaluated using questionnaires and also BMI, blood pressure and cholesterol measurements. If successful they will be rolled out more widely, which the Group would actively endorse;
- work addressing healthy eating and community cohesion – for instance the multi-cultural Meet the Neighbours meals organised by Cobalt Housing in Alt Valley;
- efforts to make better use of Liverpool's parks – a fantastic resource and still under-used. Activities include walking groups and the Yestergames project organised by Fazakerley Health Forum to

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<sup>18</sup> Healthy Schools, Department for Children, Schools and Families (DCSF) 1999 - 2009

provide old fashioned playground games, delivered through Active Parks funding for 12 weeks and engaging over 80 individuals.

- continued support from Liverpool PCT and Liverpool City Council for the GOALS project's innovative approach to work with families through an 18 week programme covering nutrition and healthy eating, behavioral change and well-being and whole family physical activity sessions. This programme is the only one in the country to tackle healthy weight as an issue for the whole family and helps to reduce any stigma felt by the overweight children who are referred to the project.
- Liverpool PCT funding of physical activities in schools, for instance contributing to the school swimming programme. 85% of Year 6 pupils in Liverpool are now swimming at least 25m in line with the Key Stage 2 requirement and above the national average.

8.7 With all of the above in mind, the Group makes the following recommendations in the spirit of partnership and co-operation with all health and social care agencies in Liverpool.

## 9.0 RECOMMENDATIONS

9.1 Liverpool LINK welcomes and supports the many positive steps being taken to address the issue of weight in the city, including the initiatives outlined in the section above. However, based on the work it has done in compiling this report, and in addition to the recommendations made by the public (see p16) the Liverpool LINK Healthy Weight Task and Finish Group would also like to make the following recommendations which we intend to back-up or 'add value' to existing practice in Liverpool.

### 1. Schools, school meals and lunchboxes

9.2 Schools are a prime source of information and education about healthy eating and cooking, healthy exercise and weight management and have a crucial role to play in helping children, parents and carers to address weight issues. In this respect the introduction of National Standards has been very helpful in helping schools to understand the value of addressing issues beyond those covered by SATs. Schools now have to report on National Indicators (NIs) around school lunches, obesity at Year 6 and physical activity, all of which are covered in the Children and Young People's Plan and within Ofsted's Health and Wellbeing framework. Ofsted have recently conducted healthy eating inspections at several Liverpool schools and this new power has had a positive impact on schools and catering contractors starting to prioritise healthy eating and school food in different ways.

9.3 However, they have a delicate balancing act between promoting positive messages and being seen to act as 'nannies' and potentially contributing towards counter-productive outcomes as a recent healthy lunchbox initiative at a Liverpool primary school demonstrated.<sup>19</sup>

9.4 Nevertheless, the Group recognises and applauds the time spent by the Transforming School Food group and individual schools on health promotion and personal education. Liverpool PCT too has a positive record of encouraging healthy lunchbox ideas and the Group would recommend the extension of the Pack It In lunchbox campaign in partnership with the Healthy Schools team at Liverpool City Council. Liverpool LINK would be happy to add its backing to such campaigns and to contribute to their ongoing social marketing.

9.5 The uptake of school meals is seen as an indicator of interest in healthy eating and uptake in Liverpool has recently increased by 17% (above the national average). The Group supports the Healthy School's team's joint work with the Benefits Agency to target families eligible for, but not claiming, free school meals. This scheme identified 1,500 eligible families and resulted in 500 responses meaning that 798

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<sup>19</sup> 'Packed lunch inspections at Liverpool's Childwall Valley primary', Liverpool Echo 23<sup>rd</sup> April 2009

children are now receiving free school meals as a result of the campaign. Any move towards increasing the take-up of free school meals still further would be welcomed by the LINK as would a move towards providing free school meals for **all** primary school children. Outcomes of a proposed pilot scheme in Halton will be interesting to note.

- 9.6 The Group recommends that support for healthy schools initiatives should move beyond year-on-year funding packages as short-term funding contributes to a drop-off of staff and a lack of continuity and can make it difficult to attract the best available candidates.
- 9.7 Despite encouraging examples of good partnership working there is still room for improvement to avoid such problems as have been experienced locally where the Building Schools for the Future (BSF) programme designed school kitchens which were too small for purpose without using local expertise and knowledge.
- 9.8 The Group also recommends that more 'healthy lifestyles' work be undertaken with parents through Extended Schools Parent Support Officers. Schools must recognise that they have a duty towards parents as well as children and that they are important community hubs. The document '21<sup>st</sup> Century Schools: A World Class Education for Every Child' talks of every school having a 'parents forum', separate to the existing parent / teacher groups, and this might be a task for such groups.
- 9.9 A further suggestion would be to explore the possibility of incorporating 'healthy living' strategies into school Compacts and including them in pupil's Records of Personal Achievement.
- 9.10 Finally, the Group would like to request that, as soon as it becomes available, Liverpool LINK be provided with:

a) ongoing 6 monthly data as to how successful the 8 objectives of the *Transforming School Food in Liverpool* strategy have been to date with a final report after the current strategy ends in 2011 and;

b) data outlining the success of the aim to reduce the number of obese 11 year olds in Liverpool by 10% by this year as set out in the *Liverpool Children and Young People's Plan 2006 – 2009*.

## **2. The role of GPs**

- 9.11 GPs potentially play an important role in providing information and advice around healthy weight issues but are not always the best source of specialist knowledge about activities and support available in people's local neighbourhoods.

9.12 The Group recommends two approaches to ensuring that patients get the best possible information from their GPs; approaches which could lead to changes in good practice nationally.

9.13 People with long-term health and social care needs are currently entitled to 'information prescriptions',

*'Information prescriptions will contain a series of links or signposts to guide people to sources of information about their health and care – for example information about conditions and treatments, care services, benefits advice and support groups.*

*Information prescriptions will let people know where to get advice, where to get support and where to network with others with a similar condition. They will include addresses, telephone numbers and website addresses that people may find helpful, and show where they can go to find out more. They will help people to access information when they need it and in the ways that they prefer.<sup>20</sup>*

9.14 The Group recommends that Liverpool PCT Providers work towards introducing information prescriptions for patients seeking support around achieving and maintaining a healthy weight for themselves and their families. These could be produced in partnership with locally-based Health Trainers or Active City Co-ordinators who will have up-to-date information available to back up any clinical advice provided by GPs.

9.15 Given Liverpool's Neighbourhood Health Model plans to introduce 22 multi-disciplinary 'health hubs' across the city the opportunities to combine information prescriptions with more effective referral pathways – for example to dieticians based within the same building – should be promoted vigorously.

9.16 Secondly, the Group believes that value could be added to the existing Quality Outcomes Framework (QOF) 'obesity indicator' which asks GP practices to 'produce a register of patients aged 16 years and over with a BMI greater than or equal to 30 in the last 15 months' – that is, a Body Mass Index which is considered to seriously endanger health.<sup>21</sup>

9.17 It would be useful to link this, purely quantitative, indicator with anonymous qualitative data on the contents of information prescriptions given to patients to help them maintain a healthy weight. Thus, Liverpool could start to 'join up' information on the levels of obesity in the city with information on how this was being tackled by GPs in partnership with health and social care colleagues.

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<sup>20</sup> [www.informationprescription.info](http://www.informationprescription.info)

<sup>21</sup> [www.qof.ic.nhs.uk](http://www.qof.ic.nhs.uk)

- 9.18 Although we recognise that the Department of Health has the national remit regarding information prescriptions and the QOF, there may be an opportunity for Liverpool to develop a 'best practice' model in these regards.
- 9.19 GPs could also play a crucial role in advising individuals with a range of conditions in respect of appropriate exercise and the health impacts of undertaking inappropriate exercise regimes. As noted above, LINK members report that advice received from sports centre staff can be inaccurate in relation to some conditions and GPs may be able to lobby the local Medical Committee or the Professional Executive Committee of the PCT to address this issue and ensure that accurate exercise advice is available to patients.
- 9.20 A further recommendation for a simple improvement to patient knowledge and best use of services would be if GPs (and other health professionals) could explain BMI charts to parents/carers/families and indicate where the various points for healthy weight, overweight and obesity intersect with different age groups and by gender, as well as mentioning caveats in relation to Black and Racial Minority groups. It has become apparent to the Group that individuals referred for specialist support around weight issues have never been given a straightforward explanation of where they sit on the BMI chart and where they should be aiming to get to. This would help to address levels of anxiety and confusion amongst patients and their families.

### **3. Communication**

- 9.21 The Group notes the vast array of potential services available in Liverpool to help people maintain a healthy weight but feels, based on the evidence collected in this report, that the range of services can sometimes be confusing to the public and does not appear to be as well co-ordinated or linked to clear 'pathways' for access and referral as would be ideal. This public confusion appears to prevent people from knowing where to go to access services which meet their needs. A more co-ordinated and 'customer focussed' approach to social marketing by the PCT and Liverpool City Council would be welcomed, as would improved communication between service providers in all sectors to avoid potential duplication of effort and to strengthen referral pathways. This latter point links to the Information Prescriptions recommendation under the Role of GPs section above. There is potentially a role for a Monitoring and Quality Assurance officer in this regard.
- 9.22 A particular concern for the Group was that, as outlined in the 'public recommendations' section of this report, members of the public have suggested to the LINK that they would welcome the introduction of a number of initiatives that, in fact, already exist (for example help with accessing allotments, help to grow vegetables at home, cookery classes or healthy family activities). This suggests that messages are



not getting through as well as they might and are perhaps not being targeted effectively enough.

- 9.23 There appears to be considerable funding going into developing websites for schemes such as Active City ([www.liverpoolactivecity.co.uk](http://www.liverpoolactivecity.co.uk)) and Taste for Health ([www.tasteforhealth.com](http://www.tasteforhealth.com)) which only seem to reach a fraction of their intended audience and are not regularly maintained and updated. A look at the Taste for Health site on 8<sup>th</sup> October 2009 shows the latest 'Up to date national and local news' as being 6 months out of date. The Active City site news page, accessed on the same day, does not even show full news items for its most recent stories – just headlines – and does not date archived stories so it is impossible to know which year they relate to.<sup>22</sup>
- 9.24 The Group therefore recommends a re-think of the city's communications strategy around healthy weight, eating and activities. This might include less high-tech but more informative and up-to-date web-based information and a concentration on more paper-based and face-to-face / word of mouth communication involving voluntary, community and faith sector partners including placing information in publications and venues not normally associated with health-specific messages. Lessons can be learnt from existing best practice in community engagement, including that produced by the NHS and the Government.<sup>23</sup> The Group is however pleased to note that the Healthy Schools team are compiling a Directory of Services which should help to improve communication and support ongoing service improvement to some extent.
- 9.25 There is already a lot of impressive outreach work being carried out by Active City staff, Health Trainers, Community Food Workers, the 5-a-day scheme and CHAT staff but it is the Group's opinion that this work in the community is under-staffed and under-resourced – perhaps at the expense of a 'social marketing' approach that is less person-centred – and would benefit from additional financial input to ensure that more local residents are able to access the services they clearly value. The public face of healthy weight information and support is most valued when it is visible in neighbourhoods in the form of real people not websites and there may be a case for reform of the Neighbourhood Management structure to enable public health messages to be delivered more pro-actively and effectively by the PCT and Liverpool City Council with local participatory budgets available and input from LINK Neighbourhood Champions.

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<sup>22</sup> For example, a 'Pink Aerobics' event at Croxteth Hall is listed for 'September 9<sup>th</sup>'. Further research shows that this was in fact September 2007.

<sup>23</sup> For example good practice examples and guidelines such as can be found here [www.natpact.nhs.uk/engaging\\_communities/communicating\\_within\\_communities/](http://www.natpact.nhs.uk/engaging_communities/communicating_within_communities/) or [www.communities.gov.uk/documents/communities/pdf/151918.pdf](http://www.communities.gov.uk/documents/communities/pdf/151918.pdf)

- 9.26 A further benefit could be gained by ensuring that all services work within the same geographical parameters. For instance, the Group notes the discrepancy between the Community Food team being based across 3 areas (North, South and Central) and the Public Health Neighbourhood Managers, LCC staff and LINK Neighbourhood Champions being based across the 5 Neighbourhood Management areas (City and North, Alt Valley, East, South Central and South). This is not conducive to joined-up working including implementing a good information / referral pathway for local people (including the provision of information prescriptions).
- 9.27 With respect to appropriate referral pathways, the Group recommends that referrals to GOALS could be improved by including referrals through the National Child Measurement Programme and that parents/carers could be referred directly into the programme as well as children. Better targeting, based on evidence about which families the programme currently works most, and least, successfully for would also be welcome.

#### **4. Food and Quality of Care**

- 9.28 The Group recognises the limitations of this report in addressing all aspects of healthy eating within health and social care settings but would like to recommend that more work is needed on the quality of food (including culturally appropriate choices) within hospitals and care homes.
- 9.29 Furthermore, a review of food waste in hospitals and care homes and an analysis of potential cost savings to be gained by improved meal planning, including the use of locally sourced produce, would be welcomed.
- 9.30 Liverpool LINK has found insufficient data to make a judgement on these issues but is aware that they are topics of concern to service users, patients and their families.
- 9.31 It may perhaps be useful to refer to the consultancy work carried out in schools which reduced food waste and costs and might be adapted within hospitals and care homes. If patients gain improved choice of meals whilst service providers cut costs, the benefits will be felt by all stakeholders.

#### **5. Food Deserts**

- 9.32 There is a danger that unchecked growth of fast food outlets can have a serious effect on diet and choice in some areas. One road can have as many as eight takeaways and residents are bombarded with adverts. The Group is encouraged to learn that Liverpool City Council has plans to establish a committee to look at the possibility of

restricting licensing for certain fast food (and alcohol) outlets.<sup>24</sup> The Group suggests that Liverpool LINk would be well placed to contribute to the work of this committee.

- 9.33 Changes in food shopping have created a two tier market with affluent car using shoppers having access to a wider choice of shops, including 'out of town' shopping for fresh food, leaving a less mobile and less affluent community behind with fewer choices and higher costs.
- 9.34 The Group therefore recommends that Liverpool PCT and Liverpool City Council should jointly commission further research into this topic so that future health promotion and planning can use more informed judgment to help reduce health inequalities.

## **6. Commissioning and funding of services**

- 9.35 Given the amount of good work taking place within the voluntary, community and faith sectors the Group is concerned both that these should not be unnecessarily duplicated by public sector schemes and that statutory bodies should continue to work in partnership with 3<sup>rd</sup> Sector groups to best meet the needs of the public.
- 9.36 To this end it is important that VCF groups are fully equipped to be involved in the tendering process and to seek funding for ongoing core costs, where services can demonstrate an impact on healthy weight awareness or weight management, as well as for new or innovatory schemes. It would be unfortunate if schemes which make a positive impact and which are valued by service users are forced to close due to lack of funding stability.
- 9.37 It is clear that there is demand in the community for locally accessible services such as cookery skills and information on healthy eating but the Group is concerned that schemes such as those delivered by Community Food Workers may not have the capacity to meet the demand. To this end, improved access to free kitchen facilities at community venues would enable more options for running courses and the option of providing 'drop-in' facilities which people could access at times that suited them. This would also help to meet the needs of individuals who may not be a part of any of the defined groups which currently access Community Food Worker 'Cook and Taste' course.
- 9.38 The Group therefore recommends consideration of the possibility of building 'community-access' kitchen facilities into the specifications for the new health hubs / polyclinics which are planned across the city. An opportunity was missed when these were not included in purpose-built Children's Centres but this could be addressed as part of ongoing efforts to bring services together at neighbourhood level, improve

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<sup>24</sup> Liverpool Echo, 12<sup>th</sup> October 2009

communication between providers and make referral pathways and information prescriptions easier to administer.

- 9.39 The Group would also like to recommend consideration of longer term funding for successful public sector initiatives. The issue of challenges faced as a result of year-on-year funding has been raised above (9.6) in respect of work in schools but this also applies elsewhere including for the GOALS project. It would also be useful to combine Liverpool PCT funding for adult and child obesity initiatives within one central 'pot' to enable more innovative family and cross-generational working.
- 9.40 Finally, the Group recommends that a nominated Liverpool LINK representative is included as part of the Obesity Task Force working to develop and oversee Liverpool's Healthy Weight Strategy in order to ensure a continued public involvement in the direction, monitoring and successful delivery of this important public health issue.

**TASK AND FINISH GROUP MEMBERSHIP**

**Rev Sister Maria Renate:** Liverpool LINK Core Group member

**Mike Marsh:** Liverpool LINK Neighbourhood Champion (South Central)

**Edwin Morgan:** Liverpool LINK Neighbourhood Champion (East)

**John Roberts:** Liverpool LINK Neighbourhood Champion (City and North)

Support provided by Claire Stevens (LINK Network Development Officer) and Andrew Lynch (LINK Network Development Officer)

The Group would like to thank all those members of the public who contributed their observations, experiences, questions and suggestions. We could not have completed this report without you. We would also like to thank all the PCT officers, City Council officers and staff at Liverpool John Moores University who provided valuable input. We appreciate your willingness to share your knowledge and expertise with us.



**Liverpool Local Involvement Network (LINK)  
Healthy Weight Questionnaire**

Liverpool LINK is a network of local people and groups who are interested in health and social services in Liverpool. We have legal powers to ask service providers and commissioners questions about their services and to make recommendations based on evidence collected from local service users.

At the moment we are interested in finding out what people know and think about the local services that help people to keep a healthy weight.

Thank you for completing this questionnaire, your views are very important to us and will help us to make good recommendations to Liverpool Primary Care Trust (PCT), Liverpool City Council and their partners.

Liverpool LINK will produce a report about Healthy Weight later this year which will be available online at [www.liverpoollink.org.uk](http://www.liverpoollink.org.uk) or in hard copies from:

Liverpool LINK  
LCVS  
151 Dale Street  
Liverpool  
L2 2AH

Tel. 0151 227 5177

Copies in Easy Read, large print or other formats and languages are available on request.

## The Questionnaire

### 1.0 General Questions

1.1 Are you aware of the 'One Million Pounds to Lose' campaign in Liverpool?  
(Your answer will help us feed in to an evaluation of the campaign).

Yes                       No                       Not sure

1.2 Do you know that Lifestyles Gyms are free to under 17s and over 60s?

Yes                       No                       Not sure

1.3 Do you know about Liverpool's '5-A-Day' Fruit and Veg bags scheme?

Yes                       No                       Not sure

1.4 Do you know how to contact your local CHAT (Community Health Ambassadors Team)?

Yes                       No                       Not sure

1.5 Do you know how to contact a PCT Health Trainer in your area?

Yes                       No                       Not sure

1.6 Do you know about any free healthy eating / cooking / walking / exercise groups in your area or elsewhere in Liverpool?

Yes                       No                       Not sure

If yes, which? And where?

1.7 Are you aware of any healthy weight schemes in local schools (including healthy eating / cooking / food growing / exercise groups)?

Yes                       No                       Not sure

1.8 Would you be interested in cookery lessons?

Yes                       No                       Not sure

1.9 Do you know about the services provided by Community Food Workers?

- Yes                       No                       Not sure

1.10 What do you think about the idea of cross-community lunch/supper clubs where people can share cooking tips and get to know people from a range of cultural backgrounds and communities?

- Yes                       No                       Not sure

1.11 Would you be interested in setting up a Healthy Weight Support Group with your own friends?

- Yes                       No                       Not sure

1.12 Would you be interested in information about growing your own vegetables at home or on an allotment?

- Yes                       No                       Not sure

1.13 How far do you have to go from home to buy fresh food?

- Under 10 minutes walk    Over 10 minutes walk    Not sure

1.14 Do you need to use public transport to buy fresh food?

- Yes                       No                       Not sure

1.15 If Yes, is accessing public transport easy?

- Yes                       No                       Not sure

1.16 Do you need help or advice about how to get the food you need for a special Diet?

- Yes                       No                       Not sure

1.17 If 'yes', is this for reasons of health / medical condition (e.g. diabetes / wheat intolerance) or for faith or cultural reasons?

- Health / medical reasons                      (please state if you wish)



Faith reasons (please state if you wish)

Cultural reasons (please state if you wish)

Other (please state if you wish)

**1.18** Would you like more information and advice from your GP about how to maintain a healthy weight?

Yes             No             Not sure

**1.19** If 'yes', what sort of information or advice would you like?

General advice (please give details if you wish)

Advice about the effects of prescription medication (please give details if you wish)

A folder containing details of local services that could help you manage your weight and live a healthier life. Like an 'Information Prescription' (please give details if you wish)

## 2.0 Information

2.1 Where do you get your information about healthy weight/healthy eating/healthy exercise? (tick as many as apply)

- TV
- Radio
- Newspapers/magazines
- Internet
- Family and friends
- GP
- Other health professionals (please give details) .....
- Other (please give details) .....

## 3.0 Future Services

3.1 Are there things that should be done but are not yet being done to help people to get to and stay at a healthy weight? (tick as many as apply)

- Better publicity of healthy portion sizes and balanced meal plates
- Better publicity of local 'walks for health' and 'trim trails'
- Sending information about healthy diets and exercise to every household
- More free exercise groups available to all age groups
- More information on alcohol use and weight gain
- Information available in range of venues, not just health centres, gyms etc
- Other (please give details) .....

## 4.0 Best practice

4.1 Do you know of any outstandingly good local services to help people to get to and stay at a healthy weight?

- Yes                       No                       Not sure

If 'yes', please tell us about them and anything they do that other services could benefit from by copying.

## 5.0 New Ideas

5.1 Do you have any other ideas or comments about things which would encourage people to maintain a healthy weight?

**6.0 About you**

**6.1** Do you use any local services provided to help people to control their weight?

- Yes                       No                       Not sure

If 'yes', please give details

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**6.2** Are you a Liverpool Resident?

- Yes                       No

If 'yes', what is the first part of you post code? (e.g. L4, L8, L19 etc) .....

**6.3** Are you already a member of Liverpool LINK?

- Yes                       No                       Not sure

**6.4** Would you like to find out more about Liverpool LINK? (e.g. Information Leaflet and membership form)

- Yes                       No                       Not sure

If 'yes' please complete your contact details:

Name
Address
Post Code
Telephone number
Email

**Please return completed forms to:** [info@liverpoolink.org.uk](mailto:info@liverpoolink.org.uk)

**Or by post (no stamp needed) to:**

Freepost RRZK-UHLY-KGJT

Liverpool Link

151 Dale Street

Liverpool

L2 2AH

**Or hand your form to a member of LINK staff.**

**Thank you!**

## Liverpool LINK Equality and Diversity Monitoring Form

**Please note:** This form is completely anonymous - you cannot be identified from the details contained in it. **It will be kept separately from your contact details and other information.** The LINK is collecting this information for monitoring purposes and to help us plan our outreach to under-represented groups.

Ethnicity and National Identity categories are based on categories set out in the Government's White Paper *'Helping to shape tomorrow: The 2011 Census of Population and Housing in England and Wales'* (Dec 2008)

**1) Gender:** (please tick)

Male  Female

**2) Gender Identity (optional):**

If you identify as trans, transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, which group do you identify with?

Trans  Transsexual  Transgender  Intersex

**3) Ethnicity:** What is your ethnic group?

**A Prefer not to say**

**B White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background (please write here) .....

**C Mixed / multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/multiple ethnic background (please write here) .....

**D Asian / Asian British**

Indian  Pakistani

Bangladeshi  Chinese

Any other Asian background (please write here) .....

**E Black / African / Caribbean / Black British**

African

Caribbean

Any other Black / African / Caribbean background (please write here)  
 .....

**F Other ethnic group**

Arab

Any other ethnic group (please write here) .....

**4) National Identity:** How would you describe your national identity? (for example English, Irish, Somali, Yemeni, Polish etc) Please write in below.  
 .....

**5) Disability:** Do you consider yourself to have a disability?

Under the Disability Discrimination Act (1995) a person is considered to have a disability if s/he has a physical or mental impairment or illness such as HIV, cancer, diabetes, heart condition or similar which has a sustained and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

Yes             No             Prefer not to say

**6) Sexual Orientation:** How would you describe your sexual orientation?

Lesbian                       Gay                       Bisexual

Heterosexual (straight)                       Prefer not to say

**7) Faith:** Would you describe yourself as being part of a Faith Community?

Yes             No             Prefer not to say

If 'Yes', please select:

Buddhist                       Jewish                       Other (please write here)

Christian                       Muslim                      .....

Hindu                       Sikh                       Prefer not to say

**8) Age:** Which age group do you fall within?

Under 25                       45 - 54

25 - 34                       55 +

35 - 44

Prefer not to say

**9) Which of these activities best describes your situation? (tick more than one if you wish)**

Full time work

Unemployed but available for work

Part time work

Carer

Self employed

Full time education

Government scheme

Looking after the home

Retired

Unable to work due to illness/disability

Other (please write here) .....

**Further information and additional copies:**

Liverpool LINK Support Team  
Liverpool Charity and Voluntary Services (LCVS)  
151 Dale Street  
Liverpool  
L2 2AH

Tel 0151 227 5177

Email [info@liverpoollink.org.uk](mailto:info@liverpoollink.org.uk)

Web [www.liverpoollink.org.uk](http://www.liverpoollink.org.uk)

Copies in Easy Read, large print or other formats and languages are available on request.

**January 2010**